



City of Lowell

Request for a Handicap Parking Sign

OFFICIAL USE:

Date of Receipt: _____

Received By: _____

Please provide the following information:

Resident Name: _____

Address: _____

Zip Code: _____ **Telephone No.** _____

Petitioner Name:

(if different from the name above) _____

Telephone No. _____

Owner Name:

(if different from Resident) _____

Address: _____

Zip Code: _____ **Telephone No.** _____

In addition, please attach a copy of your registration and/or your placard identification to this form.

Submit to : Julie Maney
Assistant Traffic Planner
Division of Planning and Development
JFK CIVIC CENTER – 50 Arcand Drive
Lowell, MA 01852

I hereby give permission for this request to be filed with the full understanding that it is subject to approval by the proper department.

Signature of Petitioner: _____ **Date:** _____

Note** According to Section 13-156. PARKING FOR HANDICAPPED PERSONS of the Lowell City Ordinance, the permission for a residential handicapped parking sign automatically expires on January 1st of each year and is subject to renewal by the City Council on the request of the petitioner.